



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
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www.TN.gov/collegepays

CHRISTA MCAULIFFE SCHOLARSHIP PROGRAM

Type or print in ink. All information must be received at TSAC by the **April 1** deadline in order to have your application processed. Applicants must have completed at least the first semester of their junior year of college with a 3.5 Cumulative GPA. The awards are competitive and subject to the availability of funding.

1. Name _____ 2. Social Security No. _____
Last First Middle
3. Date of Birth _____ 4. Are you a United States citizen? ____ Yes ____ No
Month Day Year
5. Are you a legal resident of Tennessee? ____ Yes ____ No 6. County of Legal
Residence _____
7. Permanent Address _____
Street City State Zip Code
8. Telephone Number (____) _____
9. E-Mail Address _____
10. Gender ____ Male 11. Race ____ American Indian/Alaskan Native ____ Hispanic
____ Female ____ Asian/Pacific Islander ____ White
____ Black
____ Other _____
Specify _____
12. Driver's License State _____ Number _____

HIGH SCHOOL INFORMATION

13. What score did you achieve on the ACT _____ SAT _____?
14. Where did you receive your high school diploma? _____
Name of High School
15. High School Address _____
Street City State Zip Code
16. When did you graduate? _____
Month, Year
17. What was your High School Cumulative Grade Point Average? _____

COLLEGE OR UNIVERSITY INFORMATION

18. What Tennessee institution will you attend to earn your teaching credentials?

Name of College or University

College/University Address

City

State

Zip Code

19. At what grade level do you plan to teach? _____Preschool _____Elementary _____High School

20. What discipline do you plan to teach? _____Art _____Elementary Education _____Language
_____Mathematics _____Music _____Natural Sciences _____Preschool Generalist
_____Science _____Social Sciences _____Special Education
_____Other (Explain) _____

21. Do you plan to teach in Tennessee? _____ Yes _____ No

22. What is your anticipated college graduation date? _____

23. What is your college GPA? _____

Month, Year

24. Will you be enrolled as a senior? _____Yes _____No

25. What is your anticipated graduation date? _____
Month, Year

26. What are your Total Cumulative Earned Hours? _____

27. What is your Cumulative GPA? _____

CERTIFICATION BY THE APPLICANT

I understand that this application must be completed in full and **received at TSAC by April 1** to be considered. I realize that it must be supported by an official copy of my college transcript and an official notification of my ACT and/or SAT scores. The college grades must include all grades up to, but not including, the current Spring Term. I certify that I have read this application and that it is accurate and complete to the best of my knowledge. I further agree to provide, upon request, any other documentation necessary to verify such information. I also authorize the education institutions concerned to release to TSAC or to its agents any information requested by such persons pertinent to this scholarship (i.e. enrollment status, current address, academic grades achieved, etc.). I affirm that any funds obtained as a result of this application will be used solely for my expenses related to attendance at the educational institution named herein.

SIGNATURE OF APPLICANT

DATE SIGNED

CERTIFICATION BY SCHOOL EDUCATION DEPARTMENT OFFICIAL

I have reviewed the foregoing completed application. I hereby certify that, to the best of my knowledge, it is accurate and complete.

SIGNATURE OF SCHOOL OFFICIAL

DATE SIGNED

PRINT NAME OF SCHOOL OFFICIAL

TITLE

(_____)_____
SCHOOL TELEPHONE NUMBER

